

OLIFF & BERRIDGE, PLC  
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RECEIVED 02 MAY 2006  
PATENT APPLICATION

Attorney Docket No.: 123598

CUSTOMER NUMBER 25944

**AMENDMENT TRANSMITTAL**

In re the Application of

Kusuki NISHIOKA

Group Art Unit: 1648

Application No.: 10/532,792

Examiner: A. SALIMI

Filed: April 25, 2005

For: THERAPEUTIC AGENT FOR FIBROMYALGIA

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

Any additional claim fees have been calculated as shown below:

|  | (Column 1)                       | (Column 2)                      | (Column 3)    | SMALL ENTITY |           | OR | OTHER THAN A SMALL ENTITY |           |
|--|----------------------------------|---------------------------------|---------------|--------------|-----------|----|---------------------------|-----------|
|  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE         | ADD'L FEE |    | RATE                      | ADD'L FEE |
| TOTAL CLAIMS   | *22 MINUS                        | **20                            | =2            | x 25         | \$        | OR | x 50                      | \$ 100    |
| INDEP CLAIMS   | *3 MINUS                         | ***3                            | =0            | x 100        | \$        |    | x 200                     | \$        |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |                                 |               | + 180        | \$        | OR | + 360                     | \$        |
|  |                                  |                                 |               |              | \$        |    |                           | \$ 100    |

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 179428 in the amount of \$100.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff  
Registration No. 27,075

Julie M. Lake  
Registration No. 51,156

05/05/2006 GFREY1 00000131 10532792

01 FC:1615

100.00 DP

JAO:JML/ccs  
Date: May 2, 2006



**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Kusuki NISHIOKA

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**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In reply to the February 2, 2006, Office Action, please consider the following:

**Amendments to the Claims** as reflected in the listing of claims; and

**Remarks.**